


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90147 009 ***150.00

DOCUMENT # P0000077155
 1. Entity Name
 THE HEALTH CENTER OF OCOEE, INC.



Principal Place of Business Mailing Address
 1556 MAGUIRE RD 1556 MAGUIRE RD
 OCOEE, FL 34761 OCOEE, FL 34761

4009644

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 451 Spanish Wells Ct 451 Spanish Wells Ct
 Suite, Apt. #, etc. Suite, Apt. #, etc.



02082007 Chg-P CR2E034 (12/06)

City & State Zip Country
 Winter Garden, FL 34787
 Winter Garden, FL 34787

4. FEI Number Applied For
 59-3664437 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAWN, STEVE	NAME	
STREET ADDRESS	910 SPRING PARK ST # 303	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34747	CITY-ST-ZIP	Celebration, FL 34747
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, SHELBY	NAME	
STREET ADDRESS	1556 MAGUIRE RD	STREET ADDRESS	451 Spanish Wells Ct
CITY-ST-ZIP	OCOEE, FL 34761	CITY-ST-ZIP	Winter Garden, FL 34787
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UVA, SALLY	NAME	
STREET ADDRESS	1556 MAGUIRE ROAD	STREET ADDRESS	4875 Cason Cove Dr.
CITY-ST-ZIP	OCOEE, FL 34761	CITY-ST-ZIP	Orlando, FL 32811
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sherby Parker SHERBY PARKER 2/9/07 407-420-2090
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #